FOR OHF USE

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2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0033407

Facility Name: Aviston Countryside Manor

Address: 450 West 1st Street (Number) Aviston (City) 62216 (Zip Code)

County: Clinton

Telephone Number: (618) 228-7615 **Fax #** (618) 228-7632

IDPA ID Number: 37-1212934-1

Date of Initial License for Current Owners: 02/23/1988

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Cindy A. Tefteller **Telephone Number:** (618) 465-7717

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2005 to 12/31/2005 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) _____

(Title) _____

Paid Preparer

(Signed) Compilation Report Attached (Date)

(Print Name and Title) Cindy A. Tefteller

(Firm Name & Address) C.J. Schlosser & Company, L.L.C.
233 East Center Drive, Alton, IL 62002

(Telephone) (618) 465-7717 Fax # (618) 465-7710

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	34	Skilled (SNF)	34	12,410	1
2		Skilled Pediatric (SNF/PED)			2
3	63	Intermediate (ICF)	63	22,995	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	97	TOTALS	97	35,405	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	1,142	285	4,667	6,094	8
9	SNF/PED					9
10	ICF	12,627	10,740		23,367	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,769	11,025	4,667	29,461	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.21%

D. How many bed-hold days during this year were paid by the Department?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 02/23/1988

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 22 and days of care provided 4,667

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2005 Fiscal Year: 12/31/2005

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	126,100	12,380	6,776	145,256		145,256		145,256			1
2	Food Purchase		141,131		141,131		141,131	(9,172)	131,959			2
3	Housekeeping	91,236	17,078		108,314		108,314		108,314			3
4	Laundry	68,245	10,729		78,974		78,974		78,974			4
5	Heat and Other Utilities			73,036	73,036		73,036	819	73,855			5
6	Maintenance	33,206	57,027	1,241	91,474		91,474	25,636	117,110			6
7	Other (specify):* Sanitation			8,344	8,344		8,344		8,344			7
8	**TOTAL General Services**	318,787	238,345	89,397	646,529		646,529	17,283	663,812			8
	B. Health Care and Programs											
9	Medical Director			2,400	2,400		2,400		2,400			9
10	Nursing and Medical Records	1,231,898	56,253	9,677	1,297,828		1,297,828	(525)	1,297,303			10
10a	Therapy			937,906	937,906		937,906		937,906			10a
11	Activities	45,150	5,832	3,129	54,111		54,111		54,111			11
12	Social Services	28,101			28,101		28,101		28,101			12
13	CNA Training			4,340	4,340	(3,640)	700		700			13
14	Program Transportation		2,313		2,313		2,313		2,313			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,305,149	64,398	957,452	2,326,999	(3,640)	2,323,359	(525)	2,322,834			16
	C. General Administration											
17	Administrative	198,631	39,274	190,000	427,905	(3,233)	424,672	(116,241)	308,431			17
18	Directors Fees											18
19	Professional Services			10,903	10,903		10,903	7,024	17,927			19
20	Dues, Fees, Subscriptions & Promotions			14,493	14,493	2,522	17,015	(12,297)	4,718			20
21	Clerical & General Office Expenses	18,489	16,463	21,031	55,983		55,983	26,454	82,437			21
22	Employee Benefits & Payroll Taxes			293,362	293,362	4,066	297,428	15,059	312,487			22
23	Inservice Training & Education					285	285		285			23
24	Travel and Seminar			2,707	2,707		2,707	(150)	2,557			24
25	Other Admin. Staff Transportation							2,323	2,323			25
26	Insurance-Prop.Liab.Malpractice			48,988	48,988		48,988	2,000	50,988			26
27	Other (specify):*											27
28	**TOTAL General Administration**	217,120	55,737	581,484	854,341	3,640	857,981	(75,828)	782,153			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,841,056	358,480	1,628,333	3,827,869		3,827,869	(59,070)	3,768,799			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Aviston Countryside Manor #0033407 **Report Period Beginning:** 1/1/2005 **Ending:** 12/31/2005

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			120,430	120,430		120,430	5,629	126,059			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			21,873	21,873		21,873	681	22,554			33
34	Rent-Facility & Grounds			6,000	6,000		6,000	(6,000)				34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	**TOTAL Ownership**			148,303	148,303		148,303	310	148,613			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		105,870	26,747	132,617		132,617		132,617			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			53,108	53,108		53,108		53,108			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		105,870	79,855	185,725		185,725		185,725			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,841,056	464,350	1,856,491	4,161,897		4,161,897	(58,760)	4,103,137			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds	(88)	2		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,859)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions	(1,172)	30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(18,850)	17		18
19	Entertainment	(4,449)	17		19
20	Contributions	(1,965)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(11,186)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(9,725)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(3,754)	Var		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (54,048)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(4,712)	Var	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (4,712)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (58,760)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS **Page 5A**

Aviston Countryside Manor

ID# **0033407**

Report Period Beginning: **1/1/2005**

Ending: **12/31/2005**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Offset refunds	$ (525)	10	1
2	Eliminate donations	(330)	17	2
3	Eliminate vending machine cost	(6,225)	2	3
4	Straight line depr. on items req'd to be capitalized	78	30	4
5	Record 2005 IDPH license	750	20	5
6	Eliminate civic dues	(100)	17	6
7	Record 2005 computer maint. fees paid in 2004	2,748	6	7
8	Eliminate duplicate payment	(150)	24	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(3,754)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Aviston Countryside Manor # 0033407 **Report Period Beginning:** 1/1/2005 **Ending:** 12/31/2005

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(9,172)	0	0	0	0	0	0	0	0	0	0	(9,172)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	819	0	0	0	0	0	0	0	0	0	819	5
6	Maintenance	2,748	22,888	0	0	0	0	0	0	0	0	0	25,636	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(6,424)	23,707	0	0	0	0	0	0	0	0	0	17,283	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(525)	0	0	0	0	0	0	0	0	0	0	(525)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(525)	0	0	0	0	0	0	0	0	0	0	(525)	16
	C. General Administration													
17	Administrative	(23,729)	(92,512)	0	0	0	0	0	0	0	0	0	(116,241)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	7,024	0	0	0	0	0	0	0	0	0	7,024	19
20	Fees, Subscriptions & Promotions	(12,401)	104	0	0	0	0	0	0	0	0	0	(12,297)	20
21	Clerical & General Office Expenses	(9,725)	36,179	0	0	0	0	0	0	0	0	0	26,454	21
22	Employee Benefits & Payroll Taxes	0	15,059	0	0	0	0	0	0	0	0	0	15,059	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(150)	0	0	0	0	0	0	0	0	0	0	(150)	24
25	Other Admin. Staff Transportation	0	2,323	0	0	0	0	0	0	0	0	0	2,323	25
26	Insurance-Prop.Liab.Malpractice	0	2,000	0	0	0	0	0	0	0	0	0	2,000	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(46,005)	(29,823)	0	0	0	0	0	0	0	0	0	(75,828)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(52,954)	(6,116)	0	0	0	0	0	0	0	0	0	(59,070)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number Aviston Countryside Manor **#** 0033407 **Report Period Beginning:** 1/1/2005 **Ending:** 12/31/2005

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(1,094)	6,723	0	0	0	0	0	0	0	0	0	5,629	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	681	0	0	0	0	0	0	0	0	0	681	33
34	Rent-Facility & Grounds	0	(6,000)	0	0	0	0	0	0	0	0	0	(6,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(1,094)	1,404	0	0	0	0	0	0	0	0	0	310	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(54,048)	(4,712)	0	0	0	0	0	0	0	0	0	(58,760)	45

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Jerry & Marilyn King	100.00	Mt. Vernon Countryside Manor, Inc.	Mt. Vernon	King Management	Nashville	Home Office
Jerry & Marilyn King	100.00	Taylorville Care Center, Inc.	Taylorville			
Jerry & Marilyn King	100.00	Golden Manor Nursing Home, Inc.	Nokomis			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	5	See Schedule VIII	$	King Management Co.	100.00%	$ 819	$ 819	1
2	V	6	See Schedule VIII		King Management Co.	100.00%	22,888	22,888	2
3	V	17	See Schedule VIII	190,000	King Management Co.	100.00%	97,488	(92,512)	3
4	V	19	See Schedule VIII		King Management Co.	100.00%	7,024	7,024	4
5	V	20	See Schedule VIII		King Management Co.	100.00%	104	104	5
6	V	21	See Schedule VIII		King Management Co.	100.00%	36,179	36,179	6
7	V	22	See Schedule VIII		King Management Co.	100.00%	15,059	15,059	7
8	V	25	See Schedule VIII		King Management Co.	100.00%	2,323	2,323	8
9	V	26	See Schedule VIII		King Management Co.	100.00%	2,000	2,000	9
10	V	30	See Schedule VIII		King Management Co.	100.00%	6,723	6,723	10
11	V	33	See Schedule VIII		King Management Co.	100.00%	681	681	11
12	V	34	Land Lease	6,000	Jerry King	100.00%		(6,000)	12
13	V								13
14	Total			$ 196,000			$ 191,288	$ * (4,712)	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	Jerry King	Owner	Mgmt/Consultant	100.00	86,912	15	24.59%	Salary	$ 28,340	17,8	1
2	Denise King	Regional Director	Administrative	0.00	204,508	15	24.59%	Salary	66,685	17,8	2
3	Keith King	Maint. Supervisor	Maintenance	0.00	57,479	12	24.59%	Salary	18,742	6,8	3
4	Leslie Pedtke	Administrator	Administrative	0.00	0	50	100.00%	Salary	192,523	17,1	4
5	Elizabeth King	Dietary	Dietary	0.00	0	8	100.00%	Salary	1,536	1,1	5
6	Marilyn King	Owner	Mgmt/Consultant	100.00	3,016	1	24.59%	Salary	984	17,8	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 308,810		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 2/31/2005

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: King Management Company
Street Address: 935 South Mill Street
City / State / Zip Code: Nashville, IL 62263
Phone Number: ((618) 327-3064
Fax Number: ((618) 327-3083

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	119,775	4	$ 3,332	$	29,452	$ 819	1
2	6	Maintenance	Patient Days	119,775	4	93,082	76,221	29,452	22,888	2
3	17	Administraive	Patient Days	119,775	4	396,462	390,444	29,452	97,488	3
4	19	Professional Fees	Patient Days	119,775	4	28,564		29,452	7,024	4
5	20	Dues, Fees, & Subscriptions	Patient Days	119,775	4	423		29,452	104	5
6	21	Clerical and Office Expense	Patient Days	119,775	4	147,133	129,122	29,452	36,179	6
7	22	Employee Benefits	Patient Days	119,775	4	61,240		29,452	15,059	7
8	25	Other Admin. Staff Transport	Patient Days	119,775	4	9,447		29,452	2,323	8
9	26	Insurance	Patient Days	119,775	4	8,135		29,452	2,000	9
10	30	Depreciation-Other	Patient Days	119,775	4	13,420		29,452	3,300	10
11	30	Depreciation-Vehicle	Patient Days	119,775	4	13,920		29,452	3,423	11
12	30	Depreciation-Copier	Direct Cost	1	1	679		0	0	12
13	33	Real Estate Taxes	Patient Days	119,775	4	2,771		29,452	681	13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 778,608	$ 595,787		$ 191,288	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Schedule Not Applicable						$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ _____ Line # _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

SEE ACCOUNTANTS' COMPILATION REPORT

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2004 report.	*Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$ 22,500	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 21,873	2
3. Under or (over) accrual (line 2 minus line 1).		$ (627)	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 22,500	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 21,873	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2000	23,658	8
	2001	23,998	9
	2002	23,645	10
	2003	21,453	11
	2004	21,873	12

Line 2: Real estate tax payment for 2004 tax year.

Line 4: Accrual is based on 2004 taxes paid.

Line 7: $21,873 Real estate tax
681 Home office allocation
$22,554 Total real estate tax

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2004	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Aviston Countryside Manor COUNTY Clinton

FACILITY IDPH LICENSE NUMBER 0033407

CONTACT PERSON REGARDING THIS REPORT Linda Peppenhorst

TELEPHONE (618) 327-3064 FAX #: (618) 327-3083

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	05-05-24-105-007	Sec 24 Twp 2 Rng 5 PT SW NW 2.77	$ 21,230.60	$ 21,230.60
2.	05-05-24-105-018	Sec 24 Twp 2 Rng 5 PT SW NW .63A	$ 292.80	$ 292.80
3.	05-05-24-105-005	Sec 24 Twp 2 Rng 5 PT SW NW .57A	$ 349.66	$ 349.66
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 21,873.06	$ 21,873.06

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 28,618 B. General Construction Type: Exterior Brick Frame _____ Number of Stories One

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Section Not Applicable

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Building & Parking Lot	108,900	1986	$ 44,774	1
2	Home Office			1,547	2
3	TOTALS	108,900		$ 46,321	3

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	70		1988	1988	$ 1,472,741	$ 48,046	30	$ 49,091	$ 1,045	$ 875,462	4
5			1988	1988	66,310	2,210	30	2,210		45,679	5
6	27		1990	1990	352,911	13,097	30	11,764	(1,333)	183,318	6
7			1990	1990	6,649	227	30	222	(5)	3,463	7
8											8
	Improvement Type**										
9	Level and Remove Dirt			1988	1,428		10			1,428	9
10	Landscaping & Sod			1988	4,046		10			4,046	10
11	Shrubs			1988	1,219		10			1,219	11
12	Patio			1988	20,500	1,025	20	1,025		18,108	12
13	Parking Lot			1988	37,691	1,885	20	1,885		33,608	13
14	Landscaping & Sod			1988	1,900		10			1,900	14
15	Sidewalk & Patio			1988	1,161	58	20	58		1,035	15
16	Landcaping			1988	1,020	51	20	51		884	16
17	Doors/Door Frames			1988	16,064	803	20	803		14,324	17
18	Finishing Work on Additions			1990	918		15	56	56	918	18
19	Storage Building			1993	3,900	260	15	260		3,272	19
20	Water Heater			1994	3,164	211	15	211		2,391	20
21	Electrical Work			1994	2,293		10			2,293	21
22	Flooring			1995	9,255	92	10	92		9,255	22
23	Asphalt Parking Lot			1995	8,288	414	10	414		8,288	23
24	Double Detector Check Valve			1995	1,750	160	10	160		1,750	24
25	HVAC - Kitchen/Laundry			1996	14,577	857	17	857		8,074	25
26	Water Heater			1996	3,312	221	15	221		2,209	26
27	Hot Water Heater			1997	3,802	253	15	253		2,133	27
28	Landscaping & Sod			1997	3,499	350	10	350		2,945	28
29	Vinyl Flooring			1997	2,570	257	10	257		2,120	29
30	Floor Tiles			1997	3,525	353	10	353		2,879	30
31	Water Heater			1999	3,468	347	15	231	(116)	1,426	31
32	Wallcovering/Flooring			1999	1,774	177	10	177		1,079	32
33	Carpet			1999	12,873	1,287	10	1,287		7,831	33
34	Window Treatments			1999	7,734	774	5		(774)	7,734	34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Renovation C-wing	2000	$ 6,749	$ 450	15	$ 450	$	$ 2,512	37
38	Wallpaper	2000	7,178	718	5	718		7,178	38
39	Paint	2000	1,745	29	5	29		1,745	39
40	Dressers and Installation	2000	3,870	258	15	258		1,505	40
41	Countertops and Installation	2000	4,008	200	20	200		1,168	41
42	Tile	2000	1,857	186	10	186		945	42
43	Window Treatment	2000	3,049	152	5	152		3,049	43
44	Wanderguard Systems	2000	2,102	210	10	210		1,173	44
45	Room Doors	2000	2,699	270	10	270		1,462	45
46	Tile	2000	2,515	252	10	252		1,258	46
47	Gravel Parking Lot	2001	2,698		5	226	226	2,698	47
48	Air Conditioner Units - 3	2001	1,770		5	236	236	1,770	48
49	Tile	2001	2,602		10	260	260	1,322	49
50	Diamond Retaining Wall	2001	1,980	198	10	198		924	50
51	Cabinets	2001	23,546	2,355	10	2,355		11,185	51
52	Addition to Fire Alarm System	2001	4,368	437	10	437		2,039	52
53	ElectricalRepairs to Service Entrance	2001	6,725	673	10	673		3,252	53
54	Carpet	2001	3,051	305	10	305		1,525	54
55	Door Security Systems	2001	10,589	1,059	10	1,059		4,412	55
56	Water Heater	2002	4,552	303	15	303		1,112	56
57	RooftopA/C Units - 3	2002	14,243	1,424	10	1,424		4,509	57
58	Phone System	2002	7,344	734	10	734		2,264	58
59	Dining Room Additions	2003	8,600	215	40	215		537	59
60	Parking Lot	2003	5,446	545	10	545		1,271	60
61	Landscaping	2003	3,040	304	10	304		709	61
62	Concrete Pad	2004	4,000	267	15	267		356	62
63	Landscaping	2004	6,711	671	10	671		839	63
64	Flooring	2004	5,650	565	10	565		894	64
65	Carpet	2004	1,694	339	5	339		537	65
66	Window Treatment	2004	1,935	387	5	387		451	66
67	Dining Room Additions	2004	159,328	11,381	14	11,381		15,175	67
68	Landscaping	2004	8,297	830	10	830		899	68
69									69
70	TOTAL (lines 4 thru 69)		$ 2,394,283	$ 99,132		$ 98,727	$ (405)	$ 1,331,746	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 2,394,283	$ 99,132		$ 98,727	$ (405)	$ 1,331,746	1
2									2
3	Home Office Parking Lot	1989	486					486	3
4	Home Office Building	1995	24,105		25	965	965	9,803	4
5	Home Office Interior Finishes Lower Level	1996	1,495		15	100	100	947	5
6	Home Office Carpet	1996	523		5			523	6
7	Home Office Cabinets	1996	827		20	41	41	393	7
8	Home Office Electrical	1996	286		15	19	19	181	8
9	Home Office Front Door	2002	393		10	39	39	128	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,422,398	$ 99,132		$ 99,891	$ 759	$ 1,344,207	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 205,433	$ 16,970	$ 19,479	$ 2,509	5-15 Yrs	$ 125,946	71
72	Current Year Purchases	9,488	608	718	110	10 Yrs	1,207	72
73	Fully Depreciated Assets	434,020					434,020	73
74								74
75	TOTALS	$ 648,941	$ 17,578	$ 20,197	$ 2,619		$ 561,173	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Transportation	1998 Ford E350 Van	1999	$ 20,298	$	$	$	4	$ 20,298	76
77	Resident Transportation	12 + 2 W/C Passenger Bus	2005	43,681	2,548	2,548		10	2,548	77
78	Home Office Vehicle	2002 Ford F150 Truck	2002	3,489		872	872	4	3,198	78
79	Home Office Vehicle	2004 Lexus RX 330	2003	10,203		2,551	2,551	4	6,377	79
80	TOTALS			$ 77,671	$ 2,548	$ 5,971	$ 3,423		$ 32,421	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 3,195,331	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 119,258	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 126,059	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 6,801	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,937,801	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Outbuilding	$ 17,573	$ 1,172	$ 11,031	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 17,573	$ 1,172	$ 11,031	91

G. Construction-in-Progress

	Description	Cost	
92	Section Not Applicable	$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Section Not Applicable
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	$
13.	/2007	$
14.	/2008	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? N/A YES N/A NO
16. Rental Amount for movable equipment: $ Description: (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Section Not Applicable		$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [X] YES
   - [ ] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM: [ ]
   - IN OTHER FACILITY: [X]
   - COMMUNITY COLLEGE: [ ]
   - HOURS PER CNA: 40

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM: [ ]
   - IN OTHER FACILITY: [X]
   - HOURS PER CNA: 80

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$ 576	$	$ 576
2	Books and Supplies		24		24
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests		100		100
9	TOTALS	$	$ 700	$	$ 700
10	SUM OF line 9, col. 1 and 2 (e)	$ 700			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$ None

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	2
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	2

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a,3	hrs	$	19,138	$ 373,657	$	19,138	$ 373,657	1
2	Licensed Speech and Language Development Therapist	10a,3	hrs		6,014	170,471		6,014	170,471	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a,3	hrs		20,531	393,778		20,531	393,778	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39,2	# of prescrpts				105,870		105,870	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): Lab, X-Ray & Amb.	39,3				26,747			26,747	13
14	TOTAL			$	45,683	$ 964,653	$ 105,870	45,683	$ 1,070,523	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Facility Name & ID Number Aviston Countryside Manor **#** 0033407 **Report Period Beginning:** 1/1/2005 **Ending:** 12/31/2005

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2005 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 462,887	$	1
2	Cash-Patient Deposits	1,412		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	669,372		3
4	Supply Inventory (priced at)	5,259		4
5	Short-Term Investments			5
6	Prepaid Insurance	55,935		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Investment in LTC Insurance	32,010		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,226,875	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	2,412,673		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	673,081		16
17	Accumulated Depreciation (book methods)	(1,879,804)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,205,950	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,432,825	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 311,432	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	1,412		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	168,184		30
31	Accrued Taxes Payable (excluding real estate taxes)	32,352		31
32	Accrued Real Estate Taxes(Sch.IX-B)	22,500		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 535,880	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 535,880	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,896,945	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,432,825	$	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number Aviston Countryside Manor # 0033407 **Report Period Beginning:** 1/1/2005 **Ending:** 12/31/2005

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,841,542	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,841,542	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	809,799	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(754,396)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 55,403	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,896,945	24 *

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 4,046,833	1
2	Discounts and Allowances for all Levels	(531,834)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,514,999	3
	B. Ancillary Revenue		
4	Day Care	1,215	4
5	Other Care for Outpatients		5
6	Therapy	1,396,955	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,398,170	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	35,604	19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 35,604	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	720	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 720	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	22,203	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 22,203	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 4,971,696	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	646,529	31
32	Health Care	2,326,999	32
33	General Administration	854,341	33
	B. Capital Expense		
34	Ownership	148,303	34
	C. Ancillary Expense		
35	Special Cost Centers	132,617	35
36	Provider Participation Fee	53,108	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,161,897	40
41	**Income before Income Taxes (line 30 minus line 40)****	809,799	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 809,799	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,917	2,161	$ 50,969	$ 23.59	1
2	Assistant Director of Nursing	1,955	2,162	42,755	19.78	2
3	Registered Nurses	14,532	15,665	299,185	19.10	3
4	Licensed Practical Nurses	11,292	11,722	194,879	16.63	4
5	CNAs & Orderlies	63,924	65,612	615,504	9.38	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	5,505	5,832	45,150	7.74	10
11	Social Service Workers	3,247	3,253	28,101	8.64	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	15,490	16,183	126,100	7.79	15
16	Dishwashers					16
17	Maintenance Workers	1,980	2,157	33,206	15.39	17
18	Housekeepers	11,372	11,893	91,236	7.67	18
19	Laundry	8,277	8,881	68,245	7.68	19
20	Administrator	2,408	2,457	198,631	80.84	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	1,870	1,960	18,489	9.43	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,342	2,577	28,606	11.10	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	146,111	152,515	$ 1,841,056 *	$ 12.07	34

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	140	$ 6,197	1,3	35
36	Medical Director	Contract	2,400	9,3	36
37	Medical Records Consultant	15	624	10,3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	1,624	10,3	39
40	Physical Therapy Consultant	Contract	7,430	10,3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	55	3,129	11,3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	210	$ 21,404		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ Section N/A		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		$		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Leslie Pedtke	Administrator	0	$ 192,523
Susan Collman	Administrator	0	6,108
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 198,631

B. Administrative - Other

Description	Amount
Management Fee	$ 190,000
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 190,000

C. Professional Services

Vendor/Payee	Type	Amount
C.J. Schlosser & Company	Accounting	$ 10,070
Greensfelder, Hemker, & Gale	Legal	833
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $2500 attach copy of invoices.)		$ 10,903

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 92,790
Unemployment Compensation Insurance	30,556
FICA Taxes	132,248
Employee Health Insurance	31,854
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Relations	140
Pension Expense	5,683
Home Office Allocation	15,059
Employee Physicals	91
Employee Parties	711
Tuition Reimbursement	3,355
TOTAL (agree to Schedule V, line 22, col.8)	$ 312,487

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
Section Not Appliable		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 750
Advertising: Employee Recruitment	1,162
Health Care Worker Background Check (Indicate # of checks performed 44)	704
Home Office Dues & Subscriptions	104
Subscriptions	420
Other Miscellaneous Dues & Licenses	578
Resident Background Check Fee	1,000
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 4,718

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	158
Seminar Expense	2,399
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 2,557

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/2005 Ending: 12/31/2005

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	Schedule Not Applicable		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Aviston Countryside Manor # 0033407 **Report Period Beginning:** 1/1/2005 **Ending:** 12/31/2005

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **No**
If YES, give association name and amount. **N/A**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **5-10 Yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **2,480** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **53,108**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **None**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **None** Has any meal income been offset against related costs? **N/A - None** Indicate the amount. $ **None**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **50%**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **N/A** If no, please explain. **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **N/A**
Attach invoices and a summary of services for all architect and appraisal fees.

AVISTON COUNTRYSIDE MANOR, INC.
RECLASSIFICATIONS
12/31/05

DESCRIPTION	SCHED V LINE #		INCREASE (DECREASE)
FEES & SUBSCRIPTIONS	20		2,522
EMPLOYEE BENEFITS	22		711
ADMINISTRATIVE	17		(3,233)
TO RECLASS THE FOLLOWING EXPENSES			
RECORDED IN MISCELLANEOUS EXPENSE TO			
THE CORRECT LINES:			
BACKGROUND CHECKS		$ 1,704	
SUBSCRIPTIONS		420	
LICENSES & FEES		78	
DUES		320	
EMPLOYEE PARTIES		711	
TOTAL		3,233	
EMPLOYEE BENEFITS	22		3,355
INSERVICE TRAINING & EDUCATION	23		285
NURSE AIDE TRAINING	13		(3,640)
TO RECLASS INSERVICE EXPENSES & TUITION REIMBURSEMENT			

AVISTON COUNTRYSIDE MANOR, INC.
IDPH ID #0033407
ATTACHMENT TO SCHEDULE XVII, LINE 28
12/31/05

OTHER REVENUE:

VENDING INCOME	$ 9,624
A/R ADJUSTMENTS	1,782
MEDICARE PAYMENTS	5,406
OUTPATIENT THERAPY	4,576
DIETARY REBATES	88
MEDICAL SUPPLIES REIMBURSEMENTS	525
MISCELLANEOUS	202
	$ 22,203

AVISTON COUNTRYSIDE MANOR, INC.
IDPH ID #0033407
ATTACHMENT TO SCHEDULE XIII, Part A
12/31/05

The following facility trained our aides:

Greenville Regional Hospital	Greenville, IL	$288 per aide

AVISTON COUNTRYSIDE MANOR, INC.
IDPH ID #0033407
ATTACHMENT TO SCHEDULE XVII
12/31/05

BOOK TO TAX RECONCILIATION:

BOOK NET INCOME	$ 809,799
DEPRECIATION ADJUSTMENT	(23,075)
CONVERSION TO CASH BASIS ADJUSTMENTS	(159,047)
TAX NET INCOME	$ 627,677

AVISTON COUNTRYSIDE MANOR
ATTACHMENT TO SCHEDULE XIX, SECTION G
12/31/2005

NAME OF PERSONS ATTENDING	JOB TITLE	DATE	LOCATION	SEMINAR TITLE	SEMINAR SPONSOR	SEMINAR COST	TRAVEL COST
Courtney Henrichs	Social Service	2/17 & 2/14/05	Breese	SSD Basic Training	SSP of IL	135	
Leslie Pedtke	Administrator	5/26/2005	Highland	Building Creative Caregivers	Alzheimer Assoc. Educ.	50	
Chris Baxley	Social Service	5/26/2005	Highland	Building Creative Caregivers	Alzheimer Assoc. Educ.	50	
Jennifer Jansen	ADON	5/26/2005	Highland	Building Creative Caregivers	Alzheimer Assoc. Educ.	50	
Leslie Pedtke	Administrator	6/15/2005	Mt. Vernon	New Medicare Prescription Drug Program	IHCA	175	
Billie Albers	DON	6/15/2005	Mt. Vernon	New Medicare Prescription Drug Program	IHCA	175	
Chris Baxley	Social Service	6/15/2005	Mt. Vernon	New Medicare Prescription Drug Program	IHCA	175	
Denise King	VP of Operations	6/15/2005	Mt. Vernon	New Medicare Prescription Drug Program	IHCA	175	
Ken Cramer	Maintenance	7/12/2005	Mt. Vernon	Life Safety Code	IHCA	175	
Lori Albert	Medicare Coord.	8/9/2005	Mt. Vernon	Pressure Ulcers & Incontinence	IHCA	263	
Jennifer Jansen	ADON	8/9/2005	Mt. Vernon	Pressure Ulcers & Incontinence	IHCA	262	
Chris Peeck	LPN	9/16/2005	Belleville	Direct Care Conference	Southwestern IL Pioneer Coalition for Culture Change	10	
Andrea Masterson	CNA	9/16/2005	Belleville	Direct Care Conference	Southwestern IL Pioneer Coalition for Culture Change	10	
Jane Peters	Rehab Aide	9/16/2005	Belleville	Direct Care Conference	Southwestern IL Pioneer Coalition for Culture Change	10	
Deb Wellen	Rehab Aide	9/16/2005	Belleville	Direct Care Conference	Southwestern IL Pioneer Coalition for Culture Change	10	
Karen Nieman	CNA	9/16/2005	Belleville	Direct Care Conference	Southwestern IL Pioneer Coalition for Culture Change	10	
Bobbie Warren	Activities	10/12-10/13/05	Springfield	IPC Facilitator	IL Pioneer Summit	75	158
Leslie Pedtke	Administrator	10/18/2005	Mt. Vernon	Medicare Part D	IHCA	175	
Denise King	VP of Operations	10/18/2005	Mt. Vernon	Medicare Part D	IHCA	175	
Chris Baxley	Social Service	12/8/2005	St. Louis	Aging & Cognition	Health Ed	139	
Paulette Forstner	Activities	11/17/2005	Carlyle	Achieving	Outcome Services of IL	50	
Bobbie Warren	Activities	11/17/2005	Carlyle	Achieving	Outcome Services of IL	50	
						2,399	158
						2,557	